## LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.



## **Instructions**

Print in ink or type.

I. NAMB

Harkins

- 1 Complete form and return to Board of Ethics. 2415 Quall Dr., 3<sup>rd</sup> Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- ! This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY Postmark Date: (AD CLOS) (SOP)
1.050574

2. BUSINESS PHONE. (504)	586-1200				_
3. BUSINESS ADDRESS 843 Magazine Street		New Orleans	LA	70130	_
Street, and No.		City	Sinte	Złp	
MAILING ADDRESS	Same Street and No.	City		State	Zip
4. EMPLOYER McGlinchey	Stafford, PLLC				
5. EMPLOYER'S ADDRESS	Same				
	Street and No.	City		State	Zip
6. Have you ceased or terminated	l all lobbying activities re	equiring registration?	Yes	No X	-

Deborah

First

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or climinating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone also pays you to lobby; and (c) the date of termination if applicable.

D.

М

L. Name\_Mothe Life Insurance Company

Address P.O. Box 2128, Gretna, Louislana 70064

Business or purpose\_ Insurance Company

New Representation
Does this person pay you?\_\_NO\_\_\_\_

If No, who pays you?\_\_McGlinchey Stafford, PLLC

CANCELLED AND STATES

## SUPPLEMENTAL REGISTRATION FORM



2. Name American Diabetes Association  Address 2499 So. Capital of Texas Highway, Suite A-105, Austin, Tourishess or purpose Health Association  [X] New Representation  Does this person pay you?  If No, who pays you? McGlinchey Stafford  Terminated Representation as of	
Business or purpose Health Association    New Representation   No	
New Representation   Does this person pay you?   No	<u>way,</u> S <u>uite A-105, Austin, Texas 78746</u>
Does this person pay you?  If No, who pays you? McGlinchey Stafford  Terminated Representation as of	
Terminated Representation as of	-
Address	
Address	
Business or purpose  New Representation Does this person pay you?  If No, who pays you?	
New Representation Does this person pay you?  If No, who pays you?	
Does this person pay you?	
	-
Terminated Representation as of	
	<del></del>

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

Form 601 , Rev. 1943000